

proud of the service these recipients have given to the people of the City of Worcester.

Mr. Speaker, the Worcester Community Action Council (WCAC), created in 1965, serves as an umbrella organization for 20 education and social service programs. It includes Energy Assistance, Head Start, Healthy Families, Training and Youth Education Mediation, Consumer Council, and Community Connections. WCAC's mission is "to stimulate change in the fundamental causes of poverty and to create and provide opportunities for economic self-sufficiency through services, partnership, and advocacy."

Mr. Speaker, this ceremony honors organizations and individuals who promote economic self-sufficiency and work tirelessly on behalf of those less fortunate in our society. The following recipients are being honored today for their commitment to the education of all of our children: Allmerica Financial, for their support of WCAC's Cityworks Program; Anne Quinne for her work to develop programs for at-risk youth; and Lisa Perez for her efforts to encourage parent involvement in Worcester's schools.

Mr. Speaker, I am honored to acknowledge the contributions of the following organizations: Nstar Gas for its support of weatherization services for families; University Home Improvement and Ken Martinetty for their services as weatherization contractors; and Amara Thomas for her participation in the Cityworks corps member and current IDA participant.

Finally, Mr. Speaker, we are also honoring the contributions of the following community leaders: State Representative Robert Spellane for his service on behalf of families in need; Worcester County Treasurer Michael Donoghue for his exemplary community service; Mike Keegan for his leadership of WCAC; Winifred Octave for her parent leadership efforts; Dr. James Ostromecky for his free dental services for Head Start children; Christopher and Laura Pallotta for their support of WCAC's mediation services; Marge Perves for her community involvement and volunteer mediation services; Larry Raymond for his commitment to family and self sufficiency; and Steve Teasdale for his efforts to revitalize the Main South neighborhood.

Mr. Speaker these individuals are the embodiment of our collective common good, and I am sure that my colleagues in the House of Representatives join me in extending sincere thanks to the recipients of WCAC's Warm Friends Awards.

THE GLOBAL PATHOGEN SURVEILLANCE ACT

HON. ELLEN O. TAUSCHER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 4, 2003

Mrs. TAUSCHER. Mr. Speaker, I am pleased to introduce the Global Pathogen Surveillance Act of 2003 with my colleague, Congressman MARK KIRK. This important bipartisan legislation mirrors legislation offered by Senators BIDEN and LUGAR, and will reduce the risk of infectious diseases entering this country.

As we have learned from the outbreak of severe acute respiratory syndrome, or SARS, and the anthrax attacks, nature and terrorists

do not stand still while the world finds ways to improve its preparedness against biological threats.

Indeed, new diseases—no matter where they start—can spread to the United States in days or even hours. Many of them, including smallpox, SARS and the plague have lengthy incubation times, lasting two to twelve days.

The flight time between any two cities, however, is under 36 hours. Any of the 140 million people who enter the United States by air each year can, unknowingly, carry these dangerous pathogens with them.

SARS, for example, came to the world's attention in East Asia in March. Today, there are over eight thousand cases worldwide, with the highest number of cases in the United States occurring in my home state of California.

Because it was not reported immediately and a strong international network was not in place to monitor and control it, SARS has become a worldwide epidemic.

It has put a severe strain on hospitals and health care systems and caused financial chaos in dozens of countries.

While Congress has been generous in funding measures to improve domestic bio-preparedness, rapid detection of outbreaks requires significant improvements in international disease surveillance.

While developing nations are most likely to experience rapid disease outbreak, they don't have the trained personnel, the laboratory equipment or the public health infrastructure to deal with epidemics—much less warn the rest of the world.

Our bill would help train public health professionals in developing countries to use electronic syndrome surveillance systems and traditional epidemiology methods to better detect, diagnose and contain infectious disease outbreaks.

Our bill would also help developing countries purchase public health laboratory equipment for health surveillance and diagnosis as well as communications technology to transmit information about infectious diseases.

This legislation would also develop and enhance existing regional health networks and establish lab-to-lab cooperative relationships between the United States and public health laboratories and foreign counterparts.

It would also strengthen the reporting capabilities of the World Health Organization, whose decision to issue a global alert in March allowed health officials around the world to take appropriate measures to control the spread of SARS.

All these provisions strengthen a global surveillance network which will detect the unique symptoms of an epidemic before it spreads and allow earlier diagnosis and better containment measures.

I call on my colleagues to support this important bill and help us close the huge gaps in our defense against emerging diseases.

CONSTITUTIONAL AMENDMENT AUTHORIZING CONGRESS TO PROHIBIT PHYSICAL DESECRATION OF THE FLAG OF THE UNITED STATES

SPEECH OF

HON. BARBARA CUBIN

OF WYOMING

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 3, 2003

Mrs. CUBIN. Mr. Speaker, I rise today in strong support of H.J. Res. 4, a constitutional amendment to restore protections for the most widely recognized symbol of our nation and our traditions, the flag of the United States of America.

Some would call stuffing an American flag in a toilet or a trash can a work of art. I would call it a disgrace. Too many brave Americans have fought and died in defense of our flag to allow it to be soiled. In fact, they're fighting even today in Afghanistan, Iraq and all over the globe to secure the ideals for which the flag stands.

Mr. Speaker, I spent this past weekend in my home state of Wyoming to celebrate Memorial Day. I spoke to a veteran there who wore a shirt with a picture of our flag and the legend, "This flag wasn't earned to be burned."

Over the course of our history, more than a million brave Americans have given their lives in defense of our flag. We should honor their sacrifice by defending the flag with the same conviction they did. I urge the passage of this bill and yield back the balance of my time.

PERSONAL EXPLANATION

HON. JIM KOLBE

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 4, 2003

Mr. KOLBE. Mr. Speaker, on Rollcall 234 on H.J. Res. 4, proposing an amendment to the Constitution of the United States authorizing the Congress to prohibit the physical desecration of the flag of the United States, I inadvertently voted "yea" but I meant to vote "nay." Although I abhor desecration of our flag, I believe it is a form of political expression and dissent protected under the First Amendment. I would like the record to reflect that my intended vote was "nay"

ASSURED FUNDING FOR VET- ERANS HEALTH CARE ACT OF 2003

HON. LANE EVANS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 4, 2003

Mr. EVANS. Mr. Speaker, today, on behalf of myself and 72 of my colleagues, I am introducing H.R. 2318 the "Assured Funding for Veterans Health Care Act of 2003." Starting in Fiscal Year 2005, the bill would require the Secretary of the Treasury to provide funding for the Department of Veterans Affairs Health Care System based on the number of enrollees in the system and the consumer price

index for hospital and related services. I believe the measure I am offering will create a vastly improved funding system that better responds to the needs of our veterans.

Last week the President's Task Force to Improve Health Care Delivery For Our Nation's Veterans issued its final report. In it, the "growing mismatch between funding and demand" is repeatedly referenced. To address this problem, the report recommended: The Federal Government should provide full funding to ensure that enrolled veterans in Priority Groups 1 through 7 (new) are provided the current comprehensive benefit in accordance with VA's established access standards. Full funding should occur through modifications to the current budget and appropriations process, by using a mandatory funding mechanism, or by some other changes in the process that achieve the desired goal. (p. 77)

In addition, the Task Force addressed the need to clarify standards of access for Priority 8 veterans. Priority 8 veterans are the so-called "high-income" veterans without compensable service-connected conditions. Who are these individuals? Anyone with an income level of more than the geographically adjusted Housing and Urban Development threshold for low-income housing is considered "high income". In some communities, this means veterans with incomes of more than \$24,644—most often work-a-day folks who sometimes have to choose between prescription drugs and heat or groceries. My bill would cover these veterans.

Some will say that we've done well by our veterans this year. I would say it might well have gone the other way. This body passed a budget resolution that would have required us to cut veterans benefits during a period of war. It still remains unclear how veterans' health care will fare when pitted against such disparate programs as low-income housing, the space program and other independent agencies. Other health programs such as Medicare and TRICARE for Life are not subject to the same types of considerations because funding for these programs is based on need.

The result of this funding process is the "growing mismatch" addressed by the President's task force—the system is starving! We all have heard the numbers of veterans who have waited more than six months for health care services. There were more than 200,000 veterans in the queue at the beginning of the year. Even with increases proposed in the joint budget resolution, VA will still impose some regulatory constraints on access and has identified more than a billion in illusory "management efficiencies."

Last year, I cosponsored H.R. 5250, the "Veterans Health Care Funding Guarantee Act of 2002" with 129 other members of the House. The bill I am offering today closely resembles that legislation. The Congressional Budget Office slapped a hefty price tag on H.R. 5250 largely assuming huge increases in demand would result if the veterans' health care system were adequately funded! Think about this—our budget office assumes that our health care system for veterans is so fiscally deprived that a fairer funding system that responds to changes in demand would create a run on health care!

Our veterans deserve better than a chronically underfunded health care system. I believe veterans—all veterans—have earned the right to access the health care system that

was created to serve their needs. The price we pay as a Nation for assuring timely access to high-quality health care services is small in relation to the price we have asked them to pay in securing our freedom.

I urge my colleagues to join me and the 72 other members of the House that believe this is the right thing to do for our veterans. Every major veterans service organization, including The American Legion, Disabled American Veterans, and Veterans of Foreign Wars, has stated support for this bill. Join us in the fight to do the right thing for our veterans. Join me in cosponsoring the "Assured Funding for Veterans Health Care Act of 2003".

THE SANTA CLARA COUNTY CALIFORNIA DEMOCRATIC CONGRESSIONAL DELEGATIONS HONOR
AMY B. DEAN

HON. ANNA G. ESHOO

OF CALIFORNIA

HON. MICHAEL M. HONDA

OF CALIFORNIA

HON. ZOE LOFGREN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 4, 2003

Ms. ESHOO. Mr. Speaker, Mr. HONDA, Ms. LOFGREN, and myself, rise to honor Amy B. Dean, Chief Executive Officer of the South Bay AFL-CIO Labor Council who is leaving the Bay Area to go back to her original home of Chicago. On June 7, 2003, Amy Dean will be participating in her final COPE Awards Banquet as CEO of the organization she has so ably led.

Through Amy Dean's leadership, the South Bay AFL-CIO Labor Council has been extremely successful in working for living wage contracts for city workers, affordable housing requirements in new developments, and health insurance for every child in Santa Clara County. Amy Dean has been a tireless and passionate advocate for social justice and has helped to strengthen the labor movement, bringing dignity and hope to countless families, whether they are union or non-union workers. Amy Dean was the youngest person in the country to lead a large metropolitan labor council and the first woman to head a labor council as large as the South Bay AFL-CIO Labor Council. She founded Working Partnerships USA, a non-profit organization dedicated to rebuilding the links between regional economic policy and community well-being. She will continue her advocacy for community-centered economic development through Working Partnerships in Chicago. She has been widely recognized for her many accomplishments, has served on many committees and advisory boards and has written extensively on labor issues.

Mr. Speaker, we ask our colleagues to join us in honoring Amy B. Dean for her extraordinary service to our community as an ardent advocate for working women and men and their families.

A TRIBUTE TO OLUYEMI O.
BADERO, MD., FACC

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 4, 2003

Mr. TOWNS. Mr. Speaker, I rise in honor of Dr. Oluyemi O. Badero, in recognition of his outstanding accomplishments in the field of medicine.

Dr. Badero was born in Nigeria. Four years after completing medical school in Nigeria, he came to the United States in 1988. Dr. Badero, who is a U.S. citizen, received his internship and residency training in internal medicine at SUNY Downstate-Kings County Hospitals in Brooklyn, New York where he also served as chief resident, a prestigious position.

He completed three separate fellowship training programs in critical care medicine, cardiovascular disease and interventional cardiology, the latter at the Yale University Program in Bridgeport, Connecticut.

Dr. Badero is board certified in internal medicine, cardiovascular disease and interventional cardiology. He is one of a very few African-American specialists in his field. In fact in February 2003, The Network Journal, named Dr. Badero as one of the top black doctors for cardiology based on his experience, expertise and bedside manner.

Having completed an unprecedented nine consecutive years of post-graduate training, Dr. Badero is a highly regarded expert in cardiology. He is a fellow of the American College of Cardiology and an active member of several other professional organizations.

Dr. Badero has been widely published on a wide range of medical topics and has won numerous awards for his accomplishments. He currently serves as the Associate Chief of Cardiology and Associate Director of Cardiac Catheterization Laboratory at Interfaith Medical Center, the Director of the Cardiology Clinic at Kings County Hospital, director of Cardiac Screening Clinic and Assistant Professor of Clinical Medicine at SUNY Health Science Center. All of these medical institutions are located in Brooklyn, New York.

Mr. Speaker, Dr. Oluyemi O. Badero has reached the highest levels of medicine in our country, all the way from Nigeria, and he has used his expertise to improve the lives of his community. As such, he is more than worthy of receiving our recognition today and I urge my colleagues to join me in honoring this truly remarkable person.

A PROCLAMATION RECOGNIZING
CASSIE SHAW

HON. ROBERT W. NEY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 4, 2003

Mr. NEY. Mr. Speaker, whereas, Cassie Shaw has devoted herself to serving others through her membership in the Girl Scouts; and

Whereas, Cassie Shaw has shared her time and talent with the community in which she resides; and